

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
12-01-10	Cover	-	Replaced “Medicaid Provider Manual” with “South Carolina Healthy Connections (Medicaid)”
12-01-10	2	14 21 23-24 43 43 55	Updated the following sections: <ul style="list-style-type: none"> Documentation section: <ul style="list-style-type: none"> Progress Summary Notes Physical Therapist Assistant Occupational Therapy Assistant School-based Psychological Evaluation Testing section: <ul style="list-style-type: none"> Program Description Program Staff Qualifications Added note to Prior authorization – DHHS Form 254 section after last paragraph
	4	7	Added School-Based Psychological Evaluation and Testing chart
12-01-10	Appendices	-	Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers
12-01-10	Supplements	-	Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers
11-01-10	2	14 21 23	<ul style="list-style-type: none"> Updated Progress Summary Notes Updated Physical Therapist Assistant paragraph Updated Occupational Therapist Assistant paragraph
11-01-10	Appendix 1	8 16 32 51 52	<ul style="list-style-type: none"> Edit code 202: added information to Resolution section Edit codes 421 and 424 deleted Edit code 733 information updated in Resolution section: “Adjust the net charge in field” changed from 26 to 29 Deleted edit code 959 Deleted edit codes 962 and 963

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Date	Section	Page(s)	Change
11-01-10	TPL Supplement	3, 8, 13-14, 18-19 6, 15-17	<ul style="list-style-type: none"> Updated to reflect Medicaid Bulletin dated July 8, 2010 – Transfer of the Dental Program Administration to DentaQuest Updated to reflect Medicaid Bulletin dated September 13, 2010 – Changes to the Third Party Liability Medicare Recovery Cycle
10-01-10	Change Control Record	1-2 2	<ul style="list-style-type: none"> Corrected the following Section 2 entries for date 09-01-10 <ul style="list-style-type: none"> Replaced pages 45-63 with page 40 Replace page 64 with page 41 Replace page 66 with page 43 and added “Under Psychological Testing and Evaluation Services section” to change description Deleted page 9 from the Section 4 entry, dated 09-01-10
10-01-10	1	- 1 7 10	<ul style="list-style-type: none"> Removed all reference to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program Updated Program Description section Updated the SC Medicaid Web-Based Claims Submission Tool section to reflect Medicaid Bulletin dated July 8, 2010-Transfer of the Dental Program Administration to DentaQuest Updated Freedom of Choice section
10-01-10	2	13 43 43	<ul style="list-style-type: none"> Updated Individual Treatment Plan section Renamed Psychological Evaluation and Testing to School-Based Psychological Evaluation and testing Added SC State Medicaid Plan referenced in first paragraph of Program Description Moved the Rehabilitative Behavioral Health Services from the School-based Psychological Evaluation section and updated to reflect the new Behavior Health Services policies and procedures for LEAs

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Date	Section	Page(s)	Change
10-01-10	3	7 7 14	<ul style="list-style-type: none"> Added reference to section for modifier Updated the Place of Service codes Updated field 24D Unshaded*
10-01-10	4	8-12	Updated the Rehabilitative Behavioral Health Services procedure codes section
10-01-10	5	11	Correct McCormick county office street address
10-01-10	Forms	-	<ul style="list-style-type: none"> Added the following forms: <ul style="list-style-type: none"> RBHS Provider Enrollment for LEA Sample Attestation Letter Medical Necessity Statement for Rehabilitative Services Deleted the following forms: <ul style="list-style-type: none"> Medical Necessity State for Children's Behavioral Health Services Medical Necessity Statement for Therapeutic Behavioral Services Assessment for Therapeutic Behavioral Services (two pages) Weekly Progress Summary Notes for Therapeutic Behavioral Services Individual Treatment Plan for Therapeutic Behavioral Services Consumer Satisfaction Survey Updated DHHS Form 254

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Date	Section	Page(s)	Change
10-01-10	Managed Care Supplement	- 1 2 3 4 5 6 13 17	<ul style="list-style-type: none"> Removed all references to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program Updated Managed Care Overview Updated Managed Care Organizations and Core Benefits paragraphs Updated MCO Program ID card paragraph Updated MHN Program ID card paragraph Updated Core Benefits Updated Exempt Services Updated Overview Deleted “Medicaid Managed” from “Current Medicaid Managed Care Organizations” heading and following paragraph
09-01-10	2	12 15 17 18 20 21 22 23 24 25 30 32	<ul style="list-style-type: none"> Added heading Individual Treatment plan and accompanying paragraphs; added Treatment Plan Review and accompanying review Updated Program Descriptions Updated Hearing Aids section and address Added Tympanometry (impedance testing), Acoustic reflex testing; threshold, and Electrocochleography headings after code numbers Updated Documentation section Updated Physical Therapist section and Physical Therapy Evaluation heading 97001-GP Updated Documentation section Deleted Treatment Plan, Treatment Plan Review, and Progress Summary Notes sections Updated Occupational Therapist section Added heading after 97003-GO in Occupational Therapy Evaluation Updated Documentation section Deleted Individual Treatment Plan, Treatment Plan Review, and Progress Summary Notes sections Updated Documentation section. Deleted Individual Treatment Plan, Treatment Plan Review, and Progress Summary Notes sections Updated Documentation section

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Date	Section	Page(s)	Change
		40 41 43	<ul style="list-style-type: none"> Deleted Individual Treatment Plan, Treatment Plan Review, and Progress Summary Notes sections Deleted ALL sections under Children's Behavioral Services Changed Psychological Services heading to Psychological Testing and Evaluation Services Updated Program Description and Program Staff Under Psychological Testing and Evaluation Services section, added Rehabilitative Behavioral Health Services section and accompanying information
09-01-10	2	66-69	<ul style="list-style-type: none"> Deleted the following sections: Emergency Safety Interventions (Seclusion and Restraint), Ordering and Initiation, Notification of Rights, Policies, and Procedures at Admission, Documentation, Monitoring/Termination, and Training Requirements
09-01-10	3	20 20 39	<p>Updated the following sections to reflect Medicaid Bulletin dated July 8, 2010 – Transfer of the Dental Program Administration to DentaQuest:</p> <ul style="list-style-type: none"> Companion Guides South Carolina Medicaid Web-based Claims Submission Tool Claim-Level Adjustments
09-01-10	4	8	<ul style="list-style-type: none"> Deleted Behavioral Health Services table Added information after Psychological Testing/Evaluation table regarding Rehabilitative Behavioral Health Services
09-01-10	5	5 8 11	<ul style="list-style-type: none"> Removed County Commissioner's Building from the Aiken County address Deleted Dorchester County physical address telephone number Removed Highway 28 N from the McCormick County address
09-01-10	Appendix 1	9 -	<ul style="list-style-type: none"> Added edit code 225 Removed all references to the ADA Claim in the Resolution column

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Date	Section	Page(s)	Change
09-01-10	TPL Supplement	12	<ul style="list-style-type: none"> Updated the Dental Paper Claims section to delete paper claims submission instructions and added the DentaQuest contact information
		13	<ul style="list-style-type: none"> Updated the Web-Submitted Claims section with the exception to Dental claims
		18	<ul style="list-style-type: none"> Updated the TPL Resources section to include the DentaQuest contact information for TPL questions
08-01-10	2	7, 12	<ul style="list-style-type: none"> Corrected formatting in following sections: <ul style="list-style-type: none"> Legibility section Referrals Release of Information
		12	<ul style="list-style-type: none"> Updated the following sections: <ul style="list-style-type: none"> Evaluations section Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP)/Individual Treatment Plan (ITP)
08-01-10	5	5, 9, 11-13 6	<ul style="list-style-type: none"> Updated the zip codes for Aiken, Edgefield, McCormick, Newberry, and Saluda counties Updated the address for Barnwell County Updated the telephone number for Beaufort County
08-01-10	Appendix 1	20 51, 52 59	<ul style="list-style-type: none"> Deleted edit code 520 Deleted Provider Enrollment e-mail address from codes 941 and 944 Changed resolution for edit code 994
07-01-10	2	1	Updated the following sections: <ul style="list-style-type: none"> Individuals with Disabilities Education Act (IDEA) and Medicaid
		11	<ul style="list-style-type: none"> Clinical Records, Referrals
07-01-10	5	-	Updated telephone numbers and zip codes for multiple county offices
07-01-10	Appendix 1	32	<ul style="list-style-type: none"> Updated edit code 714
		35	<ul style="list-style-type: none"> Updated edit code 738

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Date	Section	Page(s)	Change
07-01-10	Appendix 2	21, 22, 25, 63, 89	Changed First Health to Magellan Medicaid Administration
06-01-10	2	6 9 10-11 12	Updated the following sections: <ul style="list-style-type: none"> • Clinical Records • Records Maintenance • Beneficiary Requirements • Referrals • Individual Education Program (IEP) or Individual Family Service Plan (IFSP)/Individual Treatment Plan (ITP)
06-01-10	Managed Care Supplement	1 3 17 20, 23, 25	<ul style="list-style-type: none"> • Updated Managed Care Overview section • Updated Manage Care Organization (MCO), Core Benefits section • Updated the Managed Care Disenrollment Process, Overview section • Updated to reflect Medicaid Bulletin dated March 18, 2010 — Managed Care Organizational Change
04-01-10	2	1 4 6 9 13	<ul style="list-style-type: none"> • Updated General Information section • Updated Covered Services section • Updated General Information, Documentation Requirements section • Updated School-Based Rehabilitative Therapy Services, Documentation section • Deleted School-Based Rehabilitative Therapy Services, Training Requirements section
03-01-10	Cover	-	Replaced the manual cover
03-01-10	Change Control Record	1	Added Time Limit for Submitting Claims Medicaid Bulletin date to section 1 and section 3 entries dated 12-01-09
03-01-10	3	5, 20	Removed modem as an electronic claims transmission method
02-01-10	Appendix 1	13 36	<ul style="list-style-type: none"> • Added New Edit Codes 356,357 and 358 • Updated Edit Code 738
02-01-10	Appendix 2	All	Updated Carrier Code List

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Date	Section	Page(s)	Change
01-01-10	5	5	<ul style="list-style-type: none"> Updated Physical Address for Allendale County Office
		10	<ul style="list-style-type: none"> Replaced Jasper County DSS with Jasper County DHHS
		12	<ul style="list-style-type: none"> Replaced Orangeburg County DSS with Orangeburg County DHHS
01-01-10	Appendix 1	49	Updated Edit Code 932
12-01-09	1	8	<ul style="list-style-type: none"> Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package
		25	<ul style="list-style-type: none"> Updated Timely Filing for Submitting Claims section to reflect Medicaid Bulletin dated November 24, 2009
12-01-09	3	1-3 21-31	<ul style="list-style-type: none"> Updated Claim Filing Timeliness section to reflect Medicaid Bulletin dated November 24, 2009 Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package
12-01-09	5	8	Updated the Dorchester County office street address
12-01-09	Appendix 1	- - 18, 19 20	<ul style="list-style-type: none"> Replaced CARC 17 with CARC 16 Updated CARC A1 Updated codes 509 and 510 Added code 533
11-01-09	Appendix 2	All	Updated carrier code list
10-01-09	1	3-4	<ul style="list-style-type: none"> Updated the Medicare/Medicaid Eligibility section to include Qualified Medicare Beneficiaries (QMBs)
		4-6	<ul style="list-style-type: none"> Updated SC Medicaid Healthy Connections language throughout section
		26	<ul style="list-style-type: none"> Updated South Carolina Medicaid Bulletins and Newsletters Changed heading to Medicare Cost Sharing

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Date	Section	Page(s)	Change
10-01-09	5	10 11 12	<ul style="list-style-type: none"> Updated physical address for Jasper County office Updated telephone number for Lexington County office Updated zip codes for Orangeburg County office
10-01-09	Appendix 1	3 60	<ul style="list-style-type: none"> Updated edit code 065 Updated edit code 852
09-08-09	Managed Care Supplement	20	Replaced the Absolute Total Care Medicaid beneficiary card sample
09-01-09	Forms	-	Updated Referral Form/Authorization for Services, Children's Behavioral Health Services Form (Form 254)
09-01-09	Managed Care Supplement	21 20, 25	<ul style="list-style-type: none"> Removed all references to CHCcares to reflect Medicaid Bulletin dated August 3, 2009 Updated Absolute Total Care entries as following: <ul style="list-style-type: none"> Changed the company's name to Absolute Total Care Replaced the beneficiary card samples Corrected contact information
08-01-09	5	14	Updated telephone number for York County office
08-01-09	Appendix 1	3	Updated edit code 062
08-01-09	Appendix 2	-	Updated carrier code list
07-01-09	2	2 2, 5, 44-46 7, 8 43, 44, 45 46 87	<ul style="list-style-type: none"> Deleted Procedural and Diagnostic Coding verbiage Updated/added subheadings throughout sections Updated and moved Evaluation and Re-evaluation subsection Changed Division of Family Services to Behavioral Health Services Updated and moved Children Behavior Health Training Requirements subsection Updated and moved MAPPS subsection

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Date	Section	Page(s)	Change
07-01-09	4	9 7 9	Moved the following charts: <ul style="list-style-type: none"> Medicaid Adolescent Pregnancy Prevention Services (MAPPS) Nursing Services For Children Under 21 Special Needs Transportation
07-01-09	5	6, 12 8 9	<ul style="list-style-type: none"> Updated address for Bamberg and Orangeburg County offices Updated office zip code for Darlington County Updated telephone number for Fairfield County office
06-01-09	TPL Supplement	19	Updated Department of Insurance Web site address
05-01-09	1	1-6, 11 2 3 5 28-33	<ul style="list-style-type: none"> Updated to reflect managed care policies and procedures effective May 1, 2009 Updated the Eligibility subsection Added the beneficiary contact telephone number to the South Carolina Healthy Connections Medicaid Card subsection Removed the program start date from the SC Healthy Connections Kids SCHIP Dental Coverage subsection Updated the Medicaid Program Integrity subsection
05-01-09	5	13	Updated telephone number for Union County office
05-01-09	Appendix 1	43	Deleted edit code 694
05-01-09	Appendix 2	-	Updated list of carrier codes
05-01-09	Managed Care Supplement	-	Updated supplement to include general policies and procedures effective May 1, 2009
04-01-09	1	2, 3, 8	Updated hyperlinks

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Date	Section	Page(s)	Change
04-01-09	3	6-8, 19, 25, 34, 37	Updated hyperlinks
04-01-09	5	11	Updated telephone number for Lexington County office
03-01-09	2	85	Updated hyperlink
03-01-09	4	1	Deleted the MAPPS codes chart and added the MAPPS verbiage.
03-01-09	5	4 8 5, 11-13	<ul style="list-style-type: none"> Updated hyperlink Corrected Dorchester County's Orangeburg Road telephone number Change DSS to DHHS in addresses for Abbeville, McCormick, Newberry, and Saluda counties
03-01-09	Appendix 1	43 72	<ul style="list-style-type: none"> Added new edit codes 693 and 694 Changed edit code 945 Resolution to input "26"modifier in field 18
03-01-09	Managed Care Supplement	1, 7, 10, 17, 23, 25-30, 35	Updated hyperlinks
03-01-09	TPL Supplement	8, 9, 19	Updated hyperlinks
02-01-09	5	5	Updated Allendale County office PO Box zip code
02-01-09	Forms	-	Updated Authorization Agreement for Electronic Funds Transfer (EFT) form
02-01-09	Appendix 2	-	Updated list of carrier codes
01-01-09	1	8	Updated hyperlink for bulletin.scdhhs.gov
01-01-09	5	11	Updated Lee County office address
12-01-08	2	2	<ul style="list-style-type: none"> Added "Signature and date of signature on evaluations and re-evaluations are mandated requirements" to the General Information section.

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Date	Section	Page(s)	Change
		21, 25, 31, 34	<ul style="list-style-type: none"> Added the following statement to the Individual Treatment sections: "If the evaluation indicates treatment is needed for the beneficiary, the Medicaid provider of service must write his or her own Treatment Plan upon completion of the evaluation.
11-01-08	1	8	Added e-bulletin information to reflect Medicaid Bulletin dated August 26, 2008
11-01-08	2	2 5 8	<ul style="list-style-type: none"> Added Re-evaluation section, revised first bullet Added re-evaluation to first bullet Updated verbiage for number 3 in CSN
11-01-08	3	23, 25	Added EFT information to reflect Medicaid Bulletin dated August 26, 2008
10-01-08	3	27	Changed ECF field 1 to Prov/Xwalk ID
10-01-08	5	9, 13	<ul style="list-style-type: none"> Updated the address for Lake City Updated the phone number for Sumter County office
10-01-08	Forms	-	Revised ECF example to show update for field 1
10-01-08	Appendix 1	-	Updated edit codes 007, 059, 112, 219, 308, 339, 386, 403, 710, 722, 786, 798, 799, 843, 844, 845, 912, 914, 928, 941, 942, 943, 945, 952
09-01-08	5	6	Updated phone number for Berkeley County office
09-01-08	5	10	Updated phone number for Kershaw County office
09-01-08	Appendix 1	17	Added Edit Code 318
08-01-08	2	15	Added Acoustic Reflex Testing Information
08-01-08	4	3	Added Procedure Code 92568
08-01-08	5	7	Deleted PO Box for Chester County
08-01-08	Appendix 1	3	Updated Edit Code 062

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Date	Section	Page(s)	Change
07-01-08	5	11	Deleted PO Box for Lancaster County
07-01-08	Managed Care Supplement	27	Replaced Web site address for BlueChoice
06-01-08	3	8, 15, 17, 18, 23	Updated NPI policy and form instructions to reflect May 23, 2008, deadline requiring NPI only on claims for typical providers
06-01-08	5	12	Updated telephone number for Orangeburg county office
06-01-08	Form	-	Deleted sample claim form showing NPI and Medicaid Provider ID
06-01-08	Appendix 1	30, 39, 42	<ul style="list-style-type: none"> Added new edit code 529 Deleted NPI warning edits 578, 579, 580, 581, 582, 583, 692
06-01-08	TPL Supplement	-	Updated Example Dental Claim Form Reporting Third-Party for Medicare Information to show NPI only; change/removed sample entries for fields 8, 15, 23, and 49; and added a tooth number to line 4
05-01-08	Managed Care Supplement	-	Revised supplement to include general policies and procedures effective May 1, 2008 and updated the SCDHHS-approved MCO contractors section
04-01-08	2	4-5	Added information about location of supervising entities
04-01-08	5	8	Updated address and phone number for Dorchester County office change
04-01-08	Appendix 1	4, 13, 20, 33	Added new edit codes 062, 219, 339, 528
04-01-08	TPL Supplement	2 3, 8, 15 12	Updated reference to Medicaid card name <ul style="list-style-type: none"> Changed references to location of forms from Section 5 to Forms section Updated field numbers for occurrence codes on

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Date	Section	Page(s)	Change
		29	UB-04 <ul style="list-style-type: none"> Replaced sample ADA form with more attractive version
03-01-08	1	3-5 7	<ul style="list-style-type: none"> Replaced sample Partners for Health Medicaid card with new Healthy Connections card and updated card information. Deleted information about location of supervising entities – requirements will be included in Section 2 where applicable
03-01-08	3	7-20 All	<ul style="list-style-type: none"> Updated NPI policy and form instructions to reflect March 1, 2008, deadline requiring NPI on claims for typical providers (with or without Medicaid legacy number). Standardized formatting
03-01-08	Forms	-	Replaced Form 931 with new version dated January 2008
03-01-08	Appendix 1	59 70	<ul style="list-style-type: none"> Added edit code 808 Revised edit code 943 description and status (from warning to active)
03-01-08	TPL Supplement	9 21-22	<ul style="list-style-type: none"> Added information on carrier code “CAS” for open casualty cases Replaced Form 931 samples with new versions
02-01-08	2	22, 27	Updated codes and descriptions for WHFO and Speech Re-evaluation in accordance with Medicaid Bulletin dated January 29, 2008.
02-01-08	4	7, 8	Updated codes and descriptions for WHFO and Speech Re-evaluation in accordance with Medicaid Bulletin dated January 29, 2008.
02-01-08	3	11 29, 31 46	<ul style="list-style-type: none"> Corrected instructions for field 10b Standardized references to six-character legacy provider number Corrected mailing address for refunds

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Date	Section	Page(s)	Change
02-01-08	5	1	Removed “including Partners for Health” from first paragraph
02-01-08	Forms	-	Corrected mailing address for Medicaid Refunds Form 205
01-01-08	5	10	Updated address for Lancaster County office
01-01-08	Managed Care Supplement	1 3	<ul style="list-style-type: none"> Removed PhyTrust from the list of MHNs Added Carolina Crescent to the list of MCOs
11-19-07	2 4	12-28, 80-82 6-8	Updated policies and procedures in accordance with Medicaid Bulletin dated November 14, 2007.
11-01-07	2	1	Deleted “or autism” from first paragraph
11-01-07	5	9, 10 10	<ul style="list-style-type: none"> Updated telephone numbers for Florence and Kershaw counties Updated Horry County address to 1601 11th Ave., 1st Floor
11-01-07	Appendix 1	All	<ul style="list-style-type: none"> Corrected ECF field numbers throughout edit resolution instructions Added new edit code 107
11-01-07	Appendix 2	All	Updated list of carrier codes
10-03-07	2 4	17, 20 6	Replaced GP modifier with HA modifier for procedure codes 97001 and 97003
10-01-07	1	1-2 3 4 12 15 25	<ul style="list-style-type: none"> Removed PEP information Added information about managed care enrollment broker and Managed Care Supplement Removed managed care sample cards (cards and other information will appear in the new Managed Care Supplement). Clarified that “days” refers to business days Clarified which sections of manual may contain PA information Expanded provider list under Program Integrity

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Date	Section	Page(s)	Change
10-01-07	3	13, 46	<ul style="list-style-type: none"> Removed PEP information Added 90-day time limit for reversing refunds
10-01-07	Appendix 1	26 38-40, 43, 70	<ul style="list-style-type: none"> Corrected description for edit code 502 Added NPI warning edits 578-583, 692, 943
10-01-07	-	-	Added Managed Care Supplement
10-01-07	TPL Supplement	15-17	<ul style="list-style-type: none"> Added 90-day time limit for reversing refunds Added information on Part B timely filing schedule to explain which claims are pulled into Retro Medicare
09-01-07	Change Control Record	4	Corrected date of Medicaid Bulletin referenced in 02-16-06 updates to February 2, 2006.
09-01-07	2 4	17 6, 8	<ul style="list-style-type: none"> Removed GP modifier from Individual Physical Therapy Updated unit of service and frequency for Group Speech Therapy
08-13-07	2 and 4	-	Revised policies and procedures in accordance with Medicaid Bulletin dated August 13, 2007.
07-01-07	1	All	Revised policies and procedures throughout section
07-01-07	Forms	-	Updated DHHS Form 205
07-01-07	Appendix 2	-	Updated list of carrier codes
06-01-07	3	-	Removed Time Restricted Supplement
06-01-07	3	All	<ul style="list-style-type: none"> Updated form completion instructions for new CMS-1500 and Form 130 versions Updated ECF and RA descriptions Added information about National Provider Identifier Replaced Reference to Forms 110 and 120 with Form 115 Clarified retroactive eligibility policy Updated ECF correction instructions

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Date	Section	Page(s)	Change
			<ul style="list-style-type: none"> Added CPT and HCPCS ordering information Made minor editorial changes throughout section
06-01-07	5	3-4 6-8 12 -	<ul style="list-style-type: none"> Revised “Procurement of Forms” to address new CMS-1500 version and updated vendor information Added toll-free number for Berkeley, Charleston, and Darlington county offices Updated phone number for Oconee County Split forms and exhibits from Section 5 to create separate Forms section
06-01-07	Forms	-	<ul style="list-style-type: none"> Updated DHHS forms to add National Provider Identifier field Updated sample claims to new CMS-1500 version Updated ECF and remits to new versions Updated DHHS Form 254
06-01-07	Appendix 1	-	Updated list of edit codes
06-01-07	TPL Supplement	All	<ul style="list-style-type: none"> Updated all sample forms and claims with new versions Updated form completion instructions to match new form versions
05-01-07	Appendix 1	-	Updated list of edit codes
04-01-07	5	8	Updated phone number for Darlington county office
04-01-07	Appendix 1	-	Updated list of edit codes
04-01-07	Appendix 2	-	Updated list of carrier codes
04-01-07	Time Restricted Supplement	-	Updated date for mandatory use of revised CMS-1500
03-01-07	5	6	Updated Barnwell county office address
03-01-07	Time Restricted Supplement	All	Removed all references to NDC quantity and unit

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Date	Section	Page(s)	Change
03-01-07	Appendix 1	-	Updated list of edit codes
02-01-07	TPL Supplement	31-32	Updated ECF Samples to show third payer line
01-01-07	3	-	Added Time Restricted Supplement
01-01-07	5	-	Added line "03" to sample ECF for the third payer declaration
01-01-07	Appendix 1	9, 14	Added Edit Codes 202, 203, 204, 301
01-01-07	Appendix 2	-	Updated list of carrier codes
11-01-06	5	-	Updated county office addresses
11-01-06	5	-	Updated Case Plan and Screening form for MAPPS
10-01-06	5	-	Updated county office addresses
10-01-06	Appendix 2	-	Updated list of carrier codes
09-01-06	5	-	Updated county office addresses
09-01-06	Appendix 1	10,11,13 15,17,18 22, 23, 24 26, 27 ,28 29, 30, 31 32, 35, 36 39, 40, 41 42, 46, 47 48, 49, 50 52, 58, 60 61, 62, 63 66, 67	<ul style="list-style-type: none"> Updated CARCs for edit codes 504, 561, 562, 563, 636, 923, 940, 949 Updated RARCs for edit codes 207, 208, 227, 234, 239, 263, 317, 369, 377, 421, 501, 504, 505, 507, 508, 515, 541, 545, 553, 564, 570, 672, 674, 709, 714, 719, 721, 722, 748, 749 Updated resolutions for edit codes 761, 764, 765 768, 769, 771, 772, 773, 774 Added new edit codes 518, 724 Deleted edit code 777
08-01-06	2	23	Corrected to add modifier HA to code V5011

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Date	Section	Page(s)	Change
08-01-06	-	-	Added TPL Supplement
08-01-06	5	-	Updated Reasonable Effort Documentation form
07-24-06	2 4	21-23 4-5	Updated frequency limitations in accordance with Medicaid Bulletin dated July 24, 2006
07-01-06	Appendix 1	23, 60, 61	Updated resolution for edit code 504, 923, 940
07-01-06	Appendix 2	-	Updated list of carrier codes
05-01-06	Appendix 1	52	Updated resolution for edit code 852
04-01-06	Appendix 1	43	Updated resolution for edit code 735
04-01-06	Appendix 2	-	Updated list of carrier codes
03-01-06	3	16 18 23 23 38	<ul style="list-style-type: none"> Changed the Trading Partner Agreement (TPA) and the Companion Guides Web site references to www.dhhs.state.sc.us Changed the Internet Explorer version required for the Web Tool to 6.0 Added TPL indicators to the ECF field 4 description Added Injury Code indicators to the ECF field 5 description Changed address name for refund checks (Form 205) from Division of Finance to Cash Receipts
03-01-06	Appendix 1	62	Changed resolution for edit code 925
02-15-06	2	-	Updated in accordance with Medicaid Bulletin dated February 2, 2006
02-15-06	4	-	Updated in accordance with Medicaid Bulletin dated February 2, 2006
02-01-06	Appendix 1	41	Changed resolution for edit code 721
01-01-06	5	-	Updated Authorization Agreement for Electronic

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Date	Section	Page(s)	Change
			Funds Transfer
01-01-06	1	4 & 5	Removed SILVERxCARD sample and program description
01-01-06	Appendix 2	-	Updated list of carrier codes
01-01-06	Appendix 1	67	Added edit code 935
12-01-05	Appendix 1	70	Added edit code 949
11-01-05	1	6, 7	Removed “HIPAA” from names of S.C. Medicaid Provider Outreach and S.C. Medicaid EDI Support Center
11-01-05	3	6	Changed verb tense under Procedural Coding and Diagnostic Codes
11-01-05	3	13	Removed requirement for entering whole numbers for day or units in field 24G
11-01-05	3	17, 18, 33	Changed generic reference for the South Carolina Medicaid Web-based Claims Submission Tool from SCMWBCST to Web Tool
11-01-05	3	16	Changed Web site from www.scdhhshipaa.org to www.scm Medicaid provider.org
11-01-05	5	5-14	Updated list of DHHS county offices
10-01-05	5	5-14	Updated list of DHHS county offices
10-01-05	Appendices	-	Made each appendix a separate file; moved Change Control Record out of appendices to a separate file.
09-01-05	2	25, 27, & 28	Corrected name of Department of Labor, Licensing and Regulation; fixed minor proofreading errors
09-01-05	Appendix 2	All	Updated lists of carrier codes
09-01-05	Appendix 1	38 & 64	Added edit codes 577 and 900
08-01-05	2	2	Added sentence that was accidentally deleted in July

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			update: "Psychological Testing and Evaluation Services may be billed without the requirement of an IEP or IFSP."
08-01-05	Appendix 1	A1-62	Added edit code 868
07-01-05	3	2, 9, 11 17, 18, 28 29	<ul style="list-style-type: none">Added description of new Web Tool featuresRemoved instruction to attach EOB to paper claimsChange MIVS zip code to 29211-9804 (from 29201)
07-01-05	Appendix 2	-	Updated lists of carrier codes
07-01-05	2, 3, & 5	-	Updated in accordance with Medicaid Bulletin dated June 16, 2005